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Application Number	10/575,991			
Filing Date	April 13, 2006			
First Named Inventor	Lital Alfonta			
Group Art Unit	1656			
Examiner Name	Kagnew H. Gebreyesus			
Attorney Docket Number	54-000711US			

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Date September 26, 2007	Signature	Signature $\{\xi, \zeta, \zeta,$						
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1656

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pursuall to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/575,991 **Application Number** E TRANSMITTAI April 13, 2006 Filing Date For FY 2005 Lital Alfonta First Named Inventor Kagnew H. Gebreyesus Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1656 TOTAL AMOUNT OF PAYMENT 1020.00 (\$)Attorney Docket No. 54-000711US METHOD OF PAYMENT (check all that apply) None X Other (please identify): Deposit Account Check Credit Card Money Order L Deposit Account Name: Quine Intellectual Property Law Group, P.C. 50-0893 ${f X}$ | Deposit Account Deposit Account Number: _ For the above identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee \mathbf{X} Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authroization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES SEARCH FEES Small Entity Small Entity Small Entity** Application Type Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 **Plant** 200 100 300 150 160 80 Reissue 300 250 150 500 600 300 Provisional 200 0 0 0 100 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description_ Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Multiple Dependent Claims Extra Claims Fee Paid (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereor. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s). Extra Sheets Total Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Round up to a whole number) x - 100 /50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):
Other: Petition for 3-month Extension of Time 1020.00 Other: Other: Other: Other: Other:

SUBMITTED BY							
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Name (Print/Type)	,	Edward J.	DesJardins, Pl	ı.D.		Date Se	ptember 26, 2007